Substitute for form 1449/PTO (Revised 07/2005) Application Number To be assigned Concurrently herewith Filing Date INFORMATION DISCLOSURE First Named Inventor Derya Olgen STATEMENT BY APPLICANT Group Art Unit (Use as many sheets as necessary) **TBA Examiner Name** of Attorney Docket Number 042933/312023 Sheet

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^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.